

AMENDMENT TRANSMITTAL LETTER				Docket No. 1592-0168PUS1																																					
Application No. 10/549,933-Conf. #7899		Filing Date September 11, 2006		Examiner R. N. Kackar																																					
Art Unit 1792																																									
Applicant(s): Naoharu NAKAISO																																									
Invention: SUBSTRATE PROCESSING APPARATUS AND SEMICONDUCTOR DEVICE PRODUCING METHOD																																									
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
CLAIMS AS AMENDED																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>8</td> <td>- 20 =</td> <td>0</td> <td>x 50.00</td> <td colspan="2">0.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 6 =</td> <td>0</td> <td>x 210.00</td> <td>0.00</td> </tr> <tr> <td colspan="4">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Other fee (please specify):</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td colspan="2">0.00</td> </tr> </tbody> </table>						Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			8	- 20 =	0	x 50.00	0.00		Independent Claims	4	- 6 =	0	x 210.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00	
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00																																					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																									
<input type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
<i>Michael K. Mutter #2927</i> Dated: <u>June 18, 2008</u>																																									
Michael K. Mutter Attorney Reg. No.: 29,680 <i>MK</i>																																									
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